

STATE OF IOWA

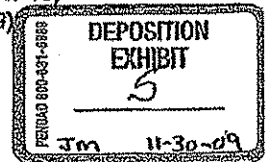
APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

☐ Professional Permit (WP1)  
☒ Nonprofessional Permit (WP2)

☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

☐ New Application  
☒ Renewal - Permit Number 143925



Firearms Safety Training Certification Number or Peace Officer Certification Date 74976

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Steve Chad A Phone # ( )  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence 1001 N. 1st St. Des Moines IA 50319  
(street) (city) (state) (zip)

Social Security No. \_\_\_\_\_ County of Residence \_\_\_\_\_

Birthdate \_\_\_\_\_ Age 27 Sex M Hgt. 5'11" Wgt. 210 Hair B Eyes H

Authorization for Release - Weapon Permit Applications

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 708 (except sections 708.1 and 708.7) and chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that a person who gives a false name or presents false identification, or otherwise knowingly gives false material information on this application commits a class "D" felony (section 724.10 or 724.21).

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature [Signature] Date 8-31-00  
CFN 595-1162 WP5 Rev. 8/98

WEBER 171

All of the following questions must be answered:

- | Yes                                 | No                                  |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
1. Have you ever been convicted of a felony?
  2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
  3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
  4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
  5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
  6. Have you ever been convicted of the misdemeanor crime of hazing?
  7. Have you ever been convicted of the misdemeanor crime of stalking?
  8. Are you addicted to the use of alcohol or any controlled substances?
  9. Do you have a history of repeated acts of violence?
  10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: OWT

### STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Shooting and Target Shooting

Applicant Signature [Signature]

Date 8-31-00

### EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

### ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☐ Approved ☐ Disapproved Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature [Signature] ☐ Sheriff of \_\_\_\_\_ County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety

☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 172

## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- ☐ Professional Permit (WP1) ☐ Peace Officer Permit (WP7)  
☒ Nonprofessional Permit (WP2) ☐ Reserve Peace Officer Permit (WP10)  
☐ New Application ☐ Correctional Officer Permit (WP9)  
☒ Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Stanton Rick Alan Phone # \_\_\_\_\_  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence \_\_\_\_\_  
(street) (city) (state) (zip)

Social Security No. (optional) or DL # \_\_\_\_\_ County of Residence Osceola

Birthdate \_\_\_\_\_ Age 31 Sex M Hgt 5'10" Wgt 185 Hair Br. Eyes GR.

#### Authorization for Release - Weapon Permit Applications

I, Rick Stanton, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature  
WP5 Rev. 01/2001

Date 6-6-10

WEBER 463

## All of the following questions must be answered:

Yes No

- ☐ ☒ 1. Have you ever been convicted of a felony?  
☐ ☒ 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?  
☐ ☒ 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?  
☐ ☒ 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?  
☐ ☒ 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?  
☐ ☒ 6. Have you ever been convicted of the misdemeanor crime of hazing?  
☐ ☒ 7. Have you ever been convicted of the misdemeanor crime of stalking?  
☐ ☒ 8. Are you addicted to the use of alcohol or any controlled substance?  
☐ ☒ 9. Do you have a history of repeated acts of violence?  
☐ ☒ 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:  
 Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

## STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

## ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☐ Approved ☐ Disapproved Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature Sal Harbano ☐ Sheriff of \_\_\_\_\_ County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety  
☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 464



**STATE OF IOWA**  
**APPLICATION FOR PERMIT TO CARRY WEAPONS**  
TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- |   |   |
|---|---|
| <input type="checkbox"/> Professional Permit (WP1)<br><input type="checkbox"/> Nonprofessional Permit (WP2)<br><br><input type="checkbox"/> New Application<br><input type="checkbox"/> Renewal - Permit Number _____ | <input type="checkbox"/> Peace Officer Permit (WP7)<br><input type="checkbox"/> Reserve Peace Officer Permit (WP10)<br><input type="checkbox"/> Correctional Officer Permit (WP9) |
|---|---|

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Nelson Donald L. Phone # \_\_\_\_\_  
(last) (first) (middle)

Other Names Ever Used (aliases) None

Residence \_\_\_\_\_  
(street) (city) (state) (zip)

Social Security No. (optional) or DL \_\_\_\_\_ County of Residence Osceola

Birthdate \_\_\_\_\_ Age 72 Sex M Hgt 5-11 Wgt 190 Hair Br Eyes BL

**Authorization for Release - Weapon Permit Applications**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

Applicant Signature \_\_\_\_\_  
WP5 Rev. 01/2001

Date 6-26-01

WEBER-474

## All of the following questions must be answered:

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| Yes                      | No                                  |   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?                                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:  
 Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

## STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

## ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☐ Approved ☐ Disapproved Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature Ed Harty ☐ Sheriff of \_\_\_\_\_ County, Iowa☐ Commissioner of the Iowa Department of Public Safety☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER-472

## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- |  |  |
|--|--|
| <input type="checkbox"/> Professional Permit (WP1)     | <input type="checkbox"/> Peace Officer Permit (WP7)          |
| <input type="checkbox"/> Nonprofessional Permit (WP2)  | <input type="checkbox"/> Reserve Peace Officer Permit (WP10) |
|  | <input type="checkbox"/> Correctional Officer Permit (WP9)   |
| <input type="checkbox"/> New Application               |  |
| <input type="checkbox"/> Renewal - Permit Number _____ |  |

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Voss Eric T Phone # \_\_\_\_\_  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence \_\_\_\_\_  
(city) (state) (zip)

Social Security No. (optional) or DL # \_\_\_\_\_ County of Residence Osceola

Birthdate \_\_\_\_\_ Sex M Hgt 6'1" Wgt 200 Hair Blond Eyes Blue

#### Authorization for Release - Weapon Permit Applications

I, Eric T. Voss, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Eric T. Voss  
WP5 Rev. 08/2001

Date 10/15/01

WEBER 533

5:08-cv-04093-MWB/ Pit. Ex. 5/ (7)

All of the following questions must be answered:

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| Yes                      | No                                  |   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?                                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |
- If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:
- Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

### STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Hunting, Target, Personal Protection

Applicant Signature Eric T. Voss Date 10/15/01

### EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

### ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

NICS Transaction Number (NTN) \_\_\_\_\_ Date NTN Received \_\_\_\_\_

Application: ☐ Approved ☐ Disapproved Date of Approval/Disapproval \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature [Signature] ☐ Sheriff of \_\_\_\_\_ County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety

☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 534

5:08-cv-04093-MWB/ Plt. Ex. 5/ (8)



## STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- ☐ Professional Permit (WP1)      ☐ Peace Officer Permit (WP7)  
☐ Nonprofessional Permit (WP2)      ☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)
- ☐ New Application  
☐ Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Voss ARVIE R Phone # 563-387-1111  
 (last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) 47

Social Security No. (optional) or DL # \_\_\_\_\_ County of Residence OSCEOLA

Birthdate \_\_\_\_\_ Sex M Hgt 6' Wgt 170 Hair B Eyes B

## Authorization for Release - Weapon Permit Applications

I, ARVIE Voss, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature \_\_\_\_\_  
 WP5 - Rev. 06/2001

Date 10-15-01

WEBER 535

5:08-cv-04093-MWB/ Pit. Ex. 5/ (9)

All of the following questions must be answered:

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/>            | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input type="checkbox"/>            | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input type="checkbox"/>            | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?                                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input type="checkbox"/>            | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:  
Country of birth: ESTONIA Alien registration number: \_\_\_\_\_

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

HUNTING & TARGET PERSONAL PROTECTION

Applicant Signature [Signature] Date 10-15-01

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

NICS Transaction Number (NTN) \_\_\_\_\_ Date NTN Received \_\_\_\_\_

Application: ☐ Approved ☐ Disapproved Date of Approval/Disapproval \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature [Signature] ☐ Sheriff of \_\_\_\_\_ County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety

☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 536

## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

☐ Professional Permit (WP1)  
☒ Nonprofessional Permit (WP2)

☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

☐ New Application  
☒ Renewal - Permit Number 160-976

Firearms Safety Training Certification Number or Peace Officer Certification Date 18147 418-98

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name WEBER ALLAN RAY Phone # \_\_\_\_\_  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Social Security No. (optional) or DL # \_\_\_\_\_ County of Residence Osceola

Birthdate \_\_\_\_\_ Age 61 Sex M Hgt 5'11" Wgt 178 Hair Blond Eyes HAZEL

#### Authorization for Release - Weapon Permit Applications

I, Allan R. Weber, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Allan R. Weber  
WP5 - Rev. 12/2001

Date 4/2/03

WEBER 1039

5:08-cv-04093-MWB/ PLE. Ex. 57 (11)

All of the following questions must be answered:

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input type="checkbox"/>            | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?                                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:  
Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

### STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The Issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

*I make business deposits to bank -  
occasionally buy sporting weapons*

Applicant Signature

*Allyson R. Weber*

Date *4/2/03*

### EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

### ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☐ Approved ☐ Disapproved Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature *S. D. [illegible]*

☐ Sheriff of \_\_\_\_\_ County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety

☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 1040

5:08-cv-04093-MWB/ PIF. Ex. 5/ (12)



## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

☐ Professional Permit (WP1)  
☒ Nonprofessional Permit (WP2)

☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

☐ New Application  
☒ Renewal - Permit Number 178638

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Holmes Scott Rodney Phone # \_\_\_\_\_  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence \_\_\_\_\_  
(city) (state) (zip)

Social Security No. (optional) or DL \_\_\_\_\_ County of Residence Oscawego

Birthdate \_\_\_\_\_ Age 58 Sex M Hgt 71" Wgt 185 Hair Brown Eyes Green

#### Authorization for Release - Weapon Permit Applications

I, Scott Rodney Holmes, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Scott Rodney Holmes Date March 2, 2008  
WP5 - Rev. 12/2001

WEBER 1300

**All of the following questions must be answered:**

Yes No

- ☐ ☐ 1. Have you ever been convicted of a felony?  
☐ ☐ 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?  
☐ ☐ 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?  
☐ ☐ 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?  
☐ ☐ 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?  
☐ ☐ 6. Have you ever been convicted of the misdemeanor crime of hazing?  
☐ ☐ 7. Have you ever been convicted of the misdemeanor crime of stalking?  
☐ ☐ 8. Are you addicted to the use of alcohol or any controlled substance?  
☐ ☐ 9. Do you have a history of repeated acts of violence?  
☐ ☐ 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☐ ☐ 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:  
Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The Issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☐ Approved ☐ Disapproved Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature \_\_\_\_\_ ☐ Sheriff of \_\_\_\_\_ County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety

☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 1301

5:08-cv-04093-MWB/ Pit. Ex. 5/ (14)

## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

☐ Professional Permit (WP1)  
☒ Nonprofessional Permit (WP2)

☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

☐ New Application

☒ Renewal - Permit Number 160849

Firearms Safety Training Certification Number or Peace Officer Certification Date 7/19/10

Attach copy of WFO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Stanton, Rick Alan Phone # ( )  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Social Security No. (optional) or DL # \_\_\_\_\_ County of Residence Osceola

Birthdate \_\_\_\_\_ Age 33 Sex M Hgt 5-10 Wgt 180 Hair Br Eyes Bruer

#### Authorization for Release - Weapon Permit Applications

I, Rick Stanton, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature [Signature]

Date 3-12-04

WPS - Rev. 12/2001

WEBER 1318

5:08-cv-04093-MWB/Plt. Ex. 5/ (15)

**All of the following questions must be answered:**

- | Yes                                 | No                                  |   |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider? |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?                                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:  
Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

*Hunting*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Applicant Signature *[Signature]* Date *3-12-04*

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☐ Approved ☐ Disapproved Date \_\_\_\_\_  
Reason Disapproved: \_\_\_\_\_

Signature \_\_\_\_\_ ☐ Sheriff of \_\_\_\_\_ County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety  
☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 1319

5:08-cv-04093-MWB/ Pit. Ex. 5/ (16)



## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- ☐ Professional Permit (WP1)  
☒ Nonprofessional Permit (WP2)

- ☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP8)

☐ New Application

☒ Renewal - Permit Number

74855-178620

Firearms Safety Training Certification Number or Peace Officer Certification Date 74855

Attach copy of WFO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Christians Ben C. Phone # 1  
(last) (first) (middle)

Other Names Ever Used (aliases)

Residence 1111 1111 1111 (city) (state) (zip)

Driver License or Non-Operator ID# 1111 County of Residence Des Moines

Birthdate 11-11-11 Age 46 Sex M Hgt 6-3 Wgt 210 Hair Brown Eyes Blue

#### Authorization for Release - Weapon Permit Applications

I, Ben Christians, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Ben Christians  
WP5 Rev. 02/2003

Date 2-18-05

2-18-05 OK  
MCS 2-18-05

WEBER 1577

5:08-cv-04093-MWB/ Pit. Ex. 5/ (17)

**All of the following questions must be answered:**

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☒ Approved ☐ Disapproved Date 07-19-05

Reason Disapproved: \_\_\_\_\_

Signature Dan R. Weber ☒ Sheriff of Osceola County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety  
☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 1578

5:08-cv-04093-MWB/ PLE Ex. 5/ (18)

## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- ☐ Professional Permit (WP1)  
☐ Nonprofessional Permit (WP2)

- ☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

- ☐ New Application  
☐ Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WFO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Kruger Henry Anno Phone # \_\_\_\_\_  
(last) (first) (middle)

Other Names Ever Used (aliases) None

Residence \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Driver License or Non-Operator ID# \_\_\_\_\_ County of Residence Osceola

Birthdate \_\_\_\_\_ Sex M Hgt 5-11 Wgt 210 Hair B Eyes B

#### Authorization for Release - Weapon Permit Applications

I, Henry A. Kruger, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature  
WP5 Rev. 02/2003

Henry A. Kruger

Date 2-21-06

JSA

WEBER 1850

5:08-cv-04093-MWB/ PIT. EX. 57 (19)

All of the following questions must be answered:

- | Yes                      | No                                  |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
1. Have you ever been convicted of a felony?
  2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
  3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
  4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
  5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
  6. Have you ever been convicted of the misdemeanor crime of hazing?
  7. Have you ever been convicted of the misdemeanor crime of stalking?
  8. Are you addicted to the use of alcohol or any controlled substance?
  9. Do you have a history of repeated acts of violence?
  10. Have you ever been adjudged mentally incompetent?
- If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: USA Alien registration number: \_\_\_\_\_

### STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Target Shooting

Applicant Signature

Henry A. Rogers

Date

2-21-08

### EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name

Telephone

Employer Address

Employer Signature

Date

### ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:

☒ Approved

☐ Disapproved

Date

02-22-08

Reason Disapproved:

Signature

Douglas A. Weber

☒ Sheriff of

Polk County, Iowa  
Commissioner of the Iowa Department of Public Safety

☐ New Fee \$

☐ Renewal Fee \$

☐ Peace Officer/Correctional Officer - No Fee

WEBER 1851

5:08-cv-04093-MWB/Plt. Ex. 5/ (20)



**STATE OF IOWA**  
**APPLICATION FOR PERMIT TO CARRY WEAPONS**  
TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- |  |  |
|--|--|
| <input type="checkbox"/> Professional Permit (WP1)               | <input type="checkbox"/> Peace Officer Permit (WP7)          |
| <input checked="" type="checkbox"/> Nonprofessional Permit (WP2) | <input type="checkbox"/> Reserve Peace Officer Permit (WP10) |
|  | <input type="checkbox"/> Correctional Officer Permit (WPD)   |
- ☐ New Application  
☐ Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Eric Carl Hershall Phone # \_\_\_\_\_  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence \_\_\_\_\_  
(city) (state) (zip)

Driver License or Non-Operator ID# \_\_\_\_\_ County of Residence OSCEOLA

Birthdate \_\_\_\_\_ Age 66 Sex M Hgt 5'8" Wgt 210 Hair BRN Eyes BLU

**Authorization for Release - Weapon Permit Applications**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

Applicant Signature  
WP5 Rev. 02/2003

[Signature]

Date Jun 10 2007

WEBER 2088

5:08-cv-04093-MWB/ Pff. Ex. 5/ (21)

All of the following questions must be answered:

Yes No

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

### STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Applicant Signature \_\_\_\_\_

Date Jan 10 2007

### EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

### ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☒ Approved ☐ Disapproved Date 01-11-07

Reason Disapproved: \_\_\_\_\_

Signature Dan R. Weller ☒ Sheriff of Des Moines County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety  
☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 2089

## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- ☐ Professional Permit (WP1)  
☒ Nonprofessional Permit (WP2)

- ☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

- ☒ New Application  
☐ Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WFO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Kohn Debra Ann Phone # \_\_\_\_\_  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence \_\_\_\_\_  
(city) (state) (zip)

Driver License or Non-Operator ID# \_\_\_\_\_ County of Residence Osceola

Birthdate \_\_\_\_\_ Age 47 Sex F Hgt 5'7" Wgt 290 Hair brown Eyes Blue

#### Authorization for Release - Weapon Permit Applications

I, Debra Ann Kohn, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Debra Ann Kohn Date 1/25/07  
WP5 Rev. 02/2003

NICS O.K

WEBER 2115

5:08-cv-04093-MWB/ Pit. Ex. 5/ (23)

All of the following questions must be answered:

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input type="checkbox"/>            | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

*I would like to have this permit mainly for protection of myself, family, home & property if the need would ever arise.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☒ Approved ☐ Disapproved Date 01-26-07

Reason Disapproved: \_\_\_\_\_

Signature Dan R. Rucker ☒ Sheriff of Osceola County, Iowa

☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Commissioner of the Iowa Department of Public Safety

☐ Peace Officer/Correctional Officer - No Fee

WEBER 2116



## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- ☐ Professional Permit (WP1) ☐ Peace Officer Permit (WP7)  
☒ Nonprofessional Permit (WP2) ☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP8)  
☒ New Application  
☐ Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Nasers Scott Thomas Phone # \_\_\_\_\_  
(last) (first) (middle)

Other Names Ever Used (aliases) ST

Residence \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Driver License or Non-Operator ID# \_\_\_\_\_ County of Residence Osceola

Birthdate \_\_\_\_\_ Age 40 Sex M Hgt 5'11" Wgt 230 Hair brown Eyes Blue

#### Authorization for Release - Weapon Permit Applications

I, Scott Nasers, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Scott Nasers  
WP5 Rev. 02/2003

Date 1-26-07

WEBER 2424

All of the following questions must be answered:

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| Yes                                 | No                                  |   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider? |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |
- If you answered yes to any of the above, please explain: I push my X-wife a little and she call the cops on me. there was no hitting or anything just a push.
- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

### STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

I would like it for personal protection, hunting and mainly protection of my family & property if the event ever occurred.

Applicant Signature

[Signature]

Date 1-26-07

### EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name Self Employed Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

### ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☒ Approved ☐ Disapproved Date 01-26-07

Reason Disapproved: \_\_\_\_\_

Signature [Signature] ☒ Sheriff of Des Moines County, Iowa

☐ Commissioner of the Iowa Department of Public Safety

☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 2122

## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- ☐ Professional Permit (WP1) ☐ Peace Officer Permit (WP7)  
☐ Nonprofessional Permit (WP2) ☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

☒ New Application

☒ Renewal - Permit Number 68080

Firearms Safety Training Certification Number or Peace Officer Certification Date 68080

Attach copy of WFO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Grady Dan Lee Phone #  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence \_\_\_\_\_  
(city) (state) (zip)

Driver License or Non-Operator ID# \_\_\_\_\_ County of Residence Osceola

Birthdate \_\_\_\_\_ Age 51 Sex M Hgt 6' Wgt 190 Hair B Eyes Hazel

#### Authorization for Release - Weapon Permit Applications

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature  
WP5 Rev. 02/2003

Date 4-2-07

WEBER 2195

5:08-cv-04093-MWB/ PII. Ex. 5/ (27)

All of the following questions must be answered:

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| Yes                      | No                                  |   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input type="checkbox"/>            | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

### STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

*Trapping Hunting target*

Applicant Signature \_\_\_\_\_

Date *4-2-07*

### EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

### ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☒ Approved ☐ Disapproved Date *04-03-07*

Reason Disapproved: \_\_\_\_\_

Signature *Dwight Weber* ☒ Sheriff of *Des Moines* County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety  
☐ Peace Officer/Correctional Officer - No Fee

☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_

WEBER 2196



## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- ☐ Professional Permit (WP1) ☐ Peace Officer Permit (WP7)  
☒ Nonprofessional Permit (WP2) ☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)

- ☒ New Application  
☐ Renewal - Permit Number 74952

Firearms Safety Training Certification Number or Peace Officer Certification Date 74952

Attach copy of WP9 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name De Weerd Dean Allen Phone #  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence \_\_\_\_\_  
(city) (state) (zip)

Driver License or Non-Operator ID# \_\_\_\_\_ County of Residence Osceola

Birthdate \_\_\_\_\_ Age 34 Sex M Hgt 5'8" Wgt 140 Hair Br. Eyes Blue

#### Authorization for Release - Weapon Permit Applications

I, Dean DeWeerd, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature  
WP5 - Rev. 02/2003

Dean DeWeerd

Date 10-2-07

WEBER 2275

All of the following questions must be answered:

- | Yes                      | No                                  |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
1. Have you ever been convicted of a felony?
  2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
  3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
  4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
  5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
  6. Have you ever been convicted of the misdemeanor crime of hazing?
  7. Have you ever been convicted of the misdemeanor crime of stalking?
  8. Are you addicted to the use of alcohol or any controlled substance?
  9. Do you have a history of repeated acts of violence?
  10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

### STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

hunting & target.

Applicant Signature

Dean D. Russell

Date 10-2-07

### EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_

Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_

Date \_\_\_\_\_

### ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:



Approved



Disapproved

Date

10-24-07

Reason Disapproved: \_\_\_\_\_

Signature

Debra A. Weber



Sheriff of

DeWitt

County, Iowa



Commissioner of the Iowa Department of Public Safety

☐ New Fee \$ \_\_\_\_\_

☐ Renewal Fee \$ \_\_\_\_\_

☐ Peace Officer/Correctional Officer - No Fee

WEBER 2276

## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

- ☐ Professional Permit (WP1) ☐ Peace Officer Permit (WP7)  
☒ Nonprofessional Permit (WP2) ☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP9)  
☐ New Application  
☐ Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date 74857

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Frey Robert A Phone # 2  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence 11111 1st St Des Moines IA 50319  
(city) (state) (zip)

Driver License or Non-Operator ID# \_\_\_\_\_ County of Residence Osceola

Birthdate \_\_\_\_\_ Age 58 Sex M Hgt 6'0" Wgt 160 Hair Brown Eyes Blue

#### Authorization for Release - Weapon Permit Applications

I, Robert A. Frey, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature  
WP5 Rev. 02/2003

Date January 4, 2008

WEBER 2372

All of the following questions must be answered:

Yes No

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input type="checkbox"/>            | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

### STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Self Protection

Applicant Signature \_\_\_\_\_

Date January 4, 2008

### EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

### ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☒ Approved ☐ Disapproved Date 01-04-08

Reason Disapproved: \_\_\_\_\_

Signature Dwight R. Weller ☒ Sheriff of Boone County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety  
☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 2373



## STATE OF IOWA

### APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

☐ Professional Permit (WP1)  
☒ Nonprofessional Permit (WP2)

☐ Peace Officer Permit (WP7)  
☐ Reserve Peace Officer Permit (WP10)  
☐ Correctional Officer Permit (WP8)

☐ New Application

☒ Renewal - Permit Number NTN: 1023678

Firearms Safety Training Certification Number or Peace Officer Certification Date 68070  
Attach copy of WFO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Schram Duane Allen Phone #  
(last) (first) (middle)

Other Names Ever Used (aliases)

Residence \_\_\_\_\_  
(city) (state) (zip)

Driver License or Non-Operator ID# \_\_\_\_\_ County of Residence Osceola

Birthdate \_\_\_\_\_ Age 52 Sex M Hgt 5'10 Wgt 217 Hair BLD Eyes haz

#### Authorization for Release - Weapon Permit Applications

I, Duane Schram, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature  
WP5 Rev. 02/2003

Duane Schram

Date 3-4-08

WEBER 2440

All of the following questions must be answered:

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have you ever been convicted of a felony?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have you ever been convicted of the misdemeanor crime of hazing?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been convicted of the misdemeanor crime of stalking?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Are you addicted to the use of alcohol or any controlled substance?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Do you have a history of repeated acts of violence?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been adjudged mentally incompetent?   |

If you answered yes to any of the above, please explain: \_\_\_\_\_

- ☒ ☐ 11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: Oseceha Alien registration number: \_\_\_\_\_

### STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Trapping and Target Shooting

Applicant Signature Duane Johnson

Date 3-4-08

### EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

### ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: ☒ Approved ☐ Disapproved Date 03-04-08

Reason Disapproved: \_\_\_\_\_

Signature Douglas Weber ☒ Sheriff of Cerro County, Iowa  
☐ Commissioner of the Iowa Department of Public Safety  
☐ New Fee \$ \_\_\_\_\_ ☐ Renewal Fee \$ \_\_\_\_\_ ☐ Peace Officer/Correctional Officer - No Fee

WEBER 2441

5:08-cv-04093-MWB/ Plt. Ex. 5/ (34)